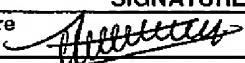
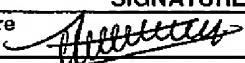
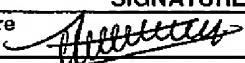


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Substitute for form PTO/SB/81		<i>Complete if Known</i>																																	
POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/578,256																																
		Filing or 371 Date	May 4, 2006																																
		First Named Inventor	Dominique Gilles																																
		Art Unit	3723																																
		Examiner Name	Eileen P. Morgan																																
		Docket Number	GILLES2																																
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <p>OR</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1"> <tr> <td>Practitioner(s) Name</td> <td>Registration Number</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number.</p> <p>OR</p> <p><input type="checkbox"/> The address associated with the above-mentioned Customer Number.</p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name</p> <table border="1"> <tr> <td>Address</td> <td> </td> </tr> <tr> <td>City, State, Zip</td> <td> </td> </tr> <tr> <td>Country</td> <td> </td> </tr> <tr> <td>Telephone</td> <td> </td> </tr> <tr> <td>Email</td> <td> </td> </tr> </table> <p>I am the:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor.</p> <p>OR</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.</p> <p>SIGNATURE of Applicant or Assignee of Record</p> <table border="1"> <tr> <td>Applicant Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>JUNE 7 2009</td> </tr> <tr> <td>Name</td> <td>Telephone</td> </tr> <tr> <td>Dominique GILLES</td> <td>+32 16 61 8585</td> </tr> <tr> <td colspan="2">Title and Company</td> </tr> <tr> <td colspan="2">CEO CIBO N.V.</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of one (1) forms are submitted.</p>				Practitioner(s) Name	Registration Number									Address		City, State, Zip		Country		Telephone		Email		Applicant Signature	Date		JUNE 7 2009	Name	Telephone	Dominique GILLES	+32 16 61 8585	Title and Company		CEO CIBO N.V.	
Practitioner(s) Name	Registration Number																																		
Address																																			
City, State, Zip																																			
Country																																			
Telephone																																			
Email																																			
Applicant Signature	Date																																		
	JUNE 7 2009																																		
Name	Telephone																																		
Dominique GILLES	+32 16 61 8585																																		
Title and Company																																			
CEO CIBO N.V.																																			

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.